

**NEW LICENSE APPLICATION
 BOARD OF PODIATRY**

Please read instructions before completing this form. If you have any questions, call HPLA Customer Service at 1-877-672-2174, Monday through Friday, 8:30AM to 4:30PM EST. A charge of \$65.00 will be imposed for dishonored checks (Public Law 89-208)

SECTION 1. REQUESTED LICENSE TYPE/FEEs (includes non-refundable application fee – see instructions)

- ☐ PO- Podiatry by Examination \$264.00
- ☐ PO- Podiatry by Endorsement \$264.00
- ☐ CBC- Criminal Background Check – To schedule an appointment or see fee schedule (Call 1-877-783-4187 or www.L1enrollment.com)
- ☐ Duplicate License (Limit 5) —X \$34.00= _____

Total Enclosed \$ _____ .00

Make check or money order payable to
DC TREASURER.
MAIL TO:
 DC BOARD OF PODIATRY
 P.O. BOX 37802
 WASHINGTON, D.C. 20013

HPLA ONLY

Check \$	Check #	Staff
\$ ____ .00		

SECTION 2. APPLICANT NAME/DEMOGRAPHIC INFORMATION

Enter your name exactly as it should appear on the license. If your name has changed at any point since you first attended college or university, please complete Section 4 on page 2. You must also provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents for individuals are marriage certificates, divorce decrees, or court orders.

_____ FIRST NAME	_____ MI	_____ LAST NAME	_____ SUFFIX (Jr, Sr, etc.)
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SOCIAL SECURITY NUMBER

If applicant does not provide a social security number, a sworn affidavit is required.

DATE OF BIRTH

PLACE OF BIRTH
 Provide City and State for US birthplace or Country for foreign place of birth.

☐ Male ☐ Female
 GENDER
 Please check the correct box.

SECTION 3. SUPPORTING DOCUMENTS REQUIRED

Please indicate the supporting documents you have included with this package or requested to be sent to the Board of Podiatry. Keep a photocopy of all supporting documents for your records.

HPLA ONLY

A.	Two recent and identical passport-type photos of the applicant's face (approx. 2"x2") with applicant's name printed on the back. <u>The photos must be original photos and cannot be computer-generated copies or paper copies.</u>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
B.	Proof of successful completion from an educational program in the practice of podiatry at an institution accredited by the Council on Podiatric Medical Education (CPME) at the time the applicant graduated.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
C.	Proof of passing National Exam results from the National Board of Podiatric Medical Examiners (NBPME) part 1 and part 2	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
D.	Proof of passing National Exam results from the National Board of Podiatric Medical Examiners (NBPME) part 3 with a passing score of 75 or above	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
E.	Official transcript (with seal) from educational institution showing proof of receipt of a degree in Podiatry. Submitted in the original sealed envelope with application. Transcript may be sent directly from the institution to the Board of Podiatry, but it is preferred that it accompany the license application.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
F.	Complete three (3) Professional Reference Forms.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
G.	Copies of legal documents supporting all name changes (if applicable).	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>

REPORT FRAUD, WASTE, AND ABUSE: To report fraud, waste, or abuse within the District government, contact the DC Office of the Inspector General's hotline by phone at 1-800-521-1639 (toll free) or 202-724-TIPS (8477), by email at hotline.oig@dc.gov, or by TTY at 711. For additional information, visit the Office of the Inspector General's website at oig.dc.gov.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH – HEALTH PROFESSIONAL LICENSING ADMINISTRATION

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SECTION 4. PREVIOUS NAMES

If your name has changed at any point since you first attended college or university, you must provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents for individuals are marriage certificates, divorce decrees, or court orders.

Changed to current name by: ☐ Marriage ☐ Divorce ☐ Court Order ☐ Spouse Death Certificate

FIRST NAME MI LAST NAME SUFFIX
(Jr, Sr, etc.)

Changed to current name by: ☐ Marriage ☐ Divorce ☐ Court Order ☐ Spouse Death Certificate

FIRST NAME MI LAST NAME SUFFIX
(Jr, Sr, etc.)

Changed to current name by: ☐ Marriage ☐ Divorce ☐ Court Order ☐ Spouse Death Certificate

FIRST NAME MI LAST NAME SUFFIX
(Jr, Sr, etc.)

Changed to current name by: ☐ Marriage ☐ Divorce ☐ Court Order ☐ Spouse Death Certificate

FIRST NAME MI LAST NAME SUFFIX
(Jr, Sr, etc.)

SECTION 5A. HOME ADDRESS

Even if you have a PO Box, a street address should also be provided, if applicable.

☐ APARTMENT ☐ SUITE ☐ FLOOR ☐ PO BOX NUMBER

HOME STREET ADDRESS 1 (If applicable, use this line for additional building information. Otherwise, use this line to indicate STREET NUMBER and STREET NAME)

HOME STREET ADDRESS 2 (If additional space is needed, use this line to indicate STREET NUMBER and STREET NAME)

CITY

STATE

ZIP CODE + 4

HOME PHONE NUMBER

HOME FAX NUMBER

E-MAIL ADDRESS

SECTION 5B. BUSINESS ADDRESS

Please note: This information will be made available to the public.

COMPANY NAME

☐ APARTMENT ☐ SUITE ☐ FLOOR ☐ PO BOX NUMBER

BUSINESS STREET ADDRESS 1 (If applicable, use this line for additional building information. Otherwise use this line to indicate STREET NUMBER and STREET NAME)

BUSINESS STREET ADDRESS 2 (If additional space is needed, use this line to indicate STREET NUMBER and STREET NAME)

CITY

STATE

ZIP CODE + 4

BUSINESS PHONE NUMBER

BUSINESS FAX NUMBER

E-MAIL ADDRESS

SECTION 5C. PREFERRED MAILING ADDRESS

Indicate your preferred mailing address by placing an "X" in the appropriate box. This will be the address to which all future licensing documents will be mailed. The address that will appear on your license will be your business address.

☐ HOME

☐ BUSINESS

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SECTION 6A. PROFESSIONAL SCHOOLS ATTENDED

List all professional schools that you have attended, in reverse chronological order, beginning with the most recent at the top.

School Name, City, State, Country	Number of Hours Completed	Date of Graduation	Type of Degree/Certificate

SECTION 6B. POSTGRADUATE WORK EXPERIENCE

List all work experience since graduation from professional schools, in reverse chronological order, beginning with the most recent.

Organization/Institution	Location	Start Date	End Date	Type of Position (Use Key Below)*	Full Time	Part Time

*** TYPE OF POSITION KEY**

- A. Employment
- B. Private Practice
- C. Clinical Rotations

- D. Instructor
- E. Training
- F. Other (specify on separate sheet of paper)

SECTION 6C. PROFESSIONAL LICENSES IN OTHER STATES/JURISDICTIONS

List all states and jurisdictions in which you have ever held a license. Provide letters of verification from all states of licensure regardless if active, inactive, or expired.

Jurisdiction	Date License Was First Obtained	License Number

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**HPLA
ONLY**

YES ☐ NO ☐

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